

Date

Permit Number: _____

Hiring Entity

Temporary Permit Tracking Sheet

Hiring Entity Signature *

According to statutes set forth by the 2015 Title 96 Rules and Regulations Relating to Sign Language Interpreters, any interpreter who has a Temporary Permit is allowed to provide 30 days of compensable interpreting services in the State of Nebraska within a calendar year. You <u>must</u> submit this form to NCDHH once you complete 30 days or at yearend, whichever occurs first.

Assignment Location Address

Permit Expiration Date:

* For any	signatures <u>not provided</u>	by the hiring entity,	documentation v	erifying service ho	urs <u>must be</u>	attached.
I hereby o	attest that my response an	d the information pro	vided on this form	n and any related at	pplication fo	r public benefits
	complete, and accurate in					
Nebraska	Rules and Regulations Re	lating to Sign Langua	ge Interpreters.			
Name:				Date:		
	(Signature)					
Name:				Title:		
	(Print)					
Address: _						
	Street/Apt. #/P.C). Box/Route		City	State	Zip Code